

#### SAMHSA's 2014 Native American Service to Science Initiative

# Starter Guide

This guide is for new and potential participants in the U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA's) 2014 Native American Service to Science initiative and others interested in learning more about the initiative. If you have any additional questions, please do not hesitate to ask! Contact information is provided at the end of this document.

#### **General Information**

#### What is SAMHSA's Native American Service to Science initiative?

SAMHSA's Native American Service to Science initiative—a collaboration between SAMHSA's Tribal Training and Technical Assistance Center (Tribal TTAC) and SAMHSA's Center for the Application of Prevention Technologies (CAPT)—is intended for innovative prevention programs developed by and for American Indian/Alaska Native (Al/AN) populations. Established in 2008, the initiative's long-range purpose is two-fold: (1) to support innovative tribal interventions seeking to demonstrate and document evidence of effectiveness, and (2) to increase the number and array of evidence-based interventions from which tribal communities can select to address substance abuse. Through a combination of training events and customized technical assistance (TA), this national initiative assists tribal program developers, implementers, and evaluators in applying more rigorous and culturally-grounded evaluation methodologies to their work. Pending availability of FY2014 funds, selected programs are invited to attend a three-part *Evaluation Primer Webinar Series* and participate in an on-site consultation. Programs then request up to 30 hours of TA from expert evaluation TA providers between June and October 2014.

#### Who implements the Native American Service to Science initiative?

Two of SAMHSA's national TA centers—the CAPT and the Tribal TTAC—implement the Native American Service to Science initiative on behalf of SAMHSA. The CAPT is a national substance abuse prevention training and TA system designed to help strengthen SAMHSA-funded grantees' prevention systems and the nation's behavioral health workforce. The Tribal TTAC provides comprehensive broad, focused, and intensive training and TA to federally-recognized tribes and other Al/AN communities seeking to address and prevent mental and substance use disorders, suicide, and promote mental health.

#### What does the Native American Service to Science year look like?

Eligible programs submit applications, which are scored according to a set of criteria and priorities that help to determine which programs are most appropriate and best fit for the initiative. Programs selected to participate in the Native American Service to Science initiative participate in the three-part *Evaluation Primer Webinar Series*, which outlines some of the pathways to demonstrating evidence of effectiveness and helps program representatives to begin planning for their evaluation. Programs are then matched with two expert evaluation TA providers—one from SAMHSA's CAPT and one from SAMHSA's Tribal TTAC—who work with program representatives throughout the Native American Service to Science process, starting with pre-consultation assessment (e.g., application review, pre-consultation questions)

and through to the end of the follow-up TA period. TA providers are matched to programs based on program needs, TA providers' areas of expertise, geographic considerations, and availability. They demonstrate cultural humility, have extensive experience designing and implementing culturally relevant strategies for measuring program outcomes, and have a track record of working positively with tribal programs.

# **Nomination and Application Process**

What kinds of programs are eligible for participation?

Eligible participants include practitioners or local evaluators who represent **innovative tribal substance abuse prevention programs** interested in demonstrating their program's effectiveness using more rigorous evaluation methods. These programs must **serve Al/AN populations specifically** and be:

- Focused on the prevention of substance abuse and, if relevant, related behavioral health problems. The program should *not* focus on the treatment of individuals diagnosed with mental illness or substance abuse disorders.
- Innovative in design or focus: These include *new* services, programs, practices, or policies that are distinguished by their creativity, originality, and utility. Innovative programs *do not include* existing evidence-based programs or combinations of existing evidence-based programs. However, existing evidence-based programs *significantly adapted* for specific population groups or substance abuse problems with which they were not originally tested also qualify as innovative. Programs must also be first-time recipients of Service to Science services.
- Responsive to local tribal needs: These are programs that address local substance abuse
  prevention and related behavioral health needs (and gaps in service to address those needs) in
  tribal settings, as identified through the application of SAMHSA's Strategic Prevention
  Framework.
- **Fills gaps in the prevention evidence base:** Nominees should be programs that address substance abuse risk and protective factors and/or problems for which few or no evidence-based prevention interventions have been developed. *Examples include, but are not limited to:* 
  - o Preventing or reducing adverse childhood experiences and related consequences
  - Addressing parental rejection and homelessness among lesbian, gay, bisexual, transgender, and questioning youth
  - o Incorporating cultural practices and traditions into prevention programming
  - Integrating mental health promotion with substance abuse prevention for high-risk populations (e.g., those who have experienced trauma)
  - Preventing prescription drug abuse and misuse
  - Preventing or reducing high-risk or problem drinking among adults (especially those not attending college)
  - Preventing or reducing marijuana misuse and abuse (in light of recent state laws decriminalizing marijuana use in general and for medical purposes)
- Informed by practical experience: These include programs developed with or informed by input from the Al/AN populations served and/or based on practical experience working with the populations in the setting in which the program is delivered. When organizations apply to the Native American Service to Science initiative, they must demonstrate that they are rooted in the community they serve.
- Focused on alleviating behavioral health disparities: Participating programs must target Al/AN populations affected by substance abuse, or by substance abuse associated with trauma and mental health problems.

• Committed to evaluation: Programs must be willing to dedicate the effort and time required to enhance the rigor of program evaluation. Programs must have a funding level sufficient to operate for at least one year and be ready and eager to build evaluation capacity. Based on our experience, programs that commit time to the Native American Service to Science process are more likely to achieve progress in building their evaluation capacity.

# How do SAMHSA priorities factor into program selection?

In addition to the above criteria, SAMHSA is interested in programs that address **Goals 1 through 4 of SAMHSA's Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness** (for more information on SAMHSA's Strategic Initiatives, see: <a href="http://store.samhsa.gov/shin/content/SMA11-4629/01-FullDocument.pdf">http://store.samhsa.gov/shin/content/SMA11-4629/01-FullDocument.pdf</a>):

- 1. With primary prevention as the focus, build *emotional health*, prevent or delay onset of, and mitigate symptoms and complications from *substance abuse* and *mental illness*.
- 2. Prevent or reduce consequences of underage drinking and adult problem drinking.
- 3. Prevent *suicides* and *attempted suicides* among populations at high risk, especially: military families; lesbian, gay, bisexual, transgender, and questioning youth; and Al/AN populations.
- 4. Reduce prescription drug misuse and abuse.

# Who should *not* apply?

- Existing evidence-based programs or combinations of existing evidence-based programs
- Programs that have participated previously in Service to Science
- Programs that lack the funding needed to operate for at least one year

# How can programs apply to participate in the initiative?

The 2014 Native American Service to Science Application includes two parts: (1) a short form to collect contact and program information, and (2) a narrative section that asks applicants to provide the following information on which they will be scored (with the exception of their program evaluation):

- **Program rationale:** A description of the general problem(s) the program addresses; factors that contribute to the problem(s) as well as its consequences; how the program addresses contributing factors or consequences identified; gaps in services and programming for the identified problem(s); and the program's anticipated substance abuse and other outcomes.
- **Core program elements:** The program's essential approach, strategies, methods, products or practices delivered, as well as when, where, why, and to whom these elements are delivered.
- Program innovativeness: A description of how the program represents a new service, approach, practice, or policy that has not been implemented by others in the field; how it was developed based on work or experience in the field; how it is distinguished from others by its creativity; how it is distinguished from others in terms of its originality; and how it is distinguished from others in terms of its utility or feasibility of implementation. Alternatively, if the program is an adaptation of an existing evidence-based program for Al/AN populations or substance abuse or related behavioral or mental health problem, how it is new or has not been tried by others in the field; how it was developed based on work or experience in the field; how it is suitable to the target population; and the degree to which it is feasible to implement.
- **Program management:** A description of how the program is implemented (i.e., organization capacity), who is responsible for implementation, the organizational structures and mechanisms that support implementation, standards for ensuring compliance, communication processes, and systems for overseeing program activities.
- **Program evaluation efforts:** Information about any current evaluation efforts (e.g., evaluation designs, frequency of evaluation activities, personnel responsibilities, challenges and successes)

- and organizational support for evaluative learning. *Note that this section is for information purposes only and will not be scored.*
- Native American Service to Science TA plan: A description of how the program plans to use
  the evaluation TA available through the Native American Service to Science initiative to
  strengthen its evaluation capacity.

Applications must be completed no later than Friday, April 25, 2014 at 5:00pm PST (8:00pm EST).

Programs should submit their completed application to SAMHSA's Tribal TTAC (guidance on submission is provided in the 2014 Native American Service to Science Application). The Tribal TTAC will review all the applications it receives and select participants based on how well their application scores. Approximately one month after submitting their applications, programs will receive notification of their status—accepted or not accepted. Accepted applicants will also receive contact information for their assigned evaluation TA provider(s).

# **Participation Schedule**

Accepted programs will follow the 2014 Native American Service to Science initiative schedule below:

Native American Service to Science Milestones	Date
Participant application submission	April 25, 2014
Participants announced	May 2014
Evaluation Primer Webinar Series	June 2014
On-site consultations	June – July 2014
Follow-up TA	July – October 2014

# **Benefits of Participation**

Selected programs are invited to participate in intensive customized TA after attending the three-part *Evaluation Primer Webinar Series* (May 2014) and an on-site consultation (May, June, or July 2014). Programs may request up to 30 hours of TA from our expert evaluation TA providers to be delivered between June and October 2014. Tribal programs participating in the Native American Service to Science initiative receive various types of assistance from their assigned evaluation TA providers, tailored to meet their unique programmatic needs. Benefits of participation include:

- Access to evaluation experts as well as to others implementing locally developed and innovative prevention programs
- Enhanced and significantly improved program evaluation capacity
- · Improved programmatic approaches informed by evaluation findings
- Greater quality of submissions to national, evidence-based program registries, such as SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)

In previous years, participants have accomplished the following:

- National Association of State Alcohol and Drug Abuse Directors Exemplary Award recognition
- Application and acceptance to national evidence-based registries, such as SAMHSA's NREPP
- Professional presentations of program's successes at national conferences
- Publication of reports and journal articles documenting program achievements
- Additional funding leveraged from federal or other sources

# The Evaluation Primer Webinar Series

# What is the purpose of the webinar series?

The Evaluation Primer Webinar Series is the first step in the Service to Science journey. The webinar series is designed to help program representatives begin the process of evaluating their prevention activities and learn more about the Native American Service to Science initiative. It will encourage them to think through ways to make evaluation more feasible and useful, consider evaluation issues or gaps worth addressing, and clarify the questions that they may want to explore with the evaluation TA provider who has been assigned to work with them. The webinars cover the following topics:

- 1. Understanding pathways to becoming an evidence-based program
- 2. Using a five-step framework to guide evaluation planning
- 3. Crafting logic models to explain program and evaluation efforts

# When does the Evaluation Primer Webinar Series take place?

The three-part *Evaluation Primer Webinar Series* (1.5-hour webinars over the course of three days) will be offered to Native American Service to Science participants in May 2014, pending availability of FY2014 funds.

# Who should participate in the webinar series?

The *Evaluation Primer Webinar Series* is designed to help program representatives begin the process of evaluating their prevention activities and learn more about the Native American Service to Science initiative. It will encourage them to think through ways to make evaluation more feasible and useful, consider evaluation issues or gaps worth addressing, and help clarify the questions that they may want to ask the evaluation TA providers who have been assigned to work with them. Programs should select representatives to participate in the *Evaluation Primer Webinar Series* who are responsible for developing the program, implementing the program, and evaluating the program. The material covered may be too basic for evaluators, but they may want to review the content separately.

# **On-site Consultations**

#### What happens at the on-site consultation?

Following participation in the *Evaluation Primer Webinar Series*, programs participate in an on-site consultation with their assigned evaluation TA providers. During the on-site consultation, the program's evaluation TA providers visit the program's home organization and meet with program representatives and stakeholders. The purpose of the consultation is to identify key areas of program need, answer questions about the current status of program evaluation plans, and provide targeted TA to address specific evaluation concerns or issues. Three overarching questions typically guide the discussion:

- 1. **Is the need for the program apparent and clearly stated?** Do program representatives make a case that the program is needed based on research evidence or existing explanatory theories? Does the program fill a gap in evidence-based prevention programming?
- 2. Are program components and mechanisms clearly explained? Can program representatives explain why the various components of the program were developed and implemented, and how these components are likely to abate the problem(s) or bolster the asset(s) the program is meant to address? Is the program described in such a way that someone else could obtain the same results?

3. How do we know the program works? Can program representatives explain what would have happened to subjects in the absence of the program? Does the program account for the anticipated change in outcomes of interest or is it possible that some other factors might account for the change? Consider, for example, the reliability and validity of measures, bias introduced through attrition or selection into the program or comparison condition, appropriateness of analytical strategies, and the ability to account for potential confounders.

At the end of the on-site consultation, the evaluation TA providers will prepare an action plan that summarizes key highlights from the meeting and identifies follow-up action steps agreed to by all.

# When and where do on-site consultations take place?

Evaluation TA providers and program representatives collaborate to determine the date and location of the on-site consultation. Soon after notification of acceptance to the Native American Service to Science initiative, the program's evaluation TA providers will contact the program to schedule the consultation. Pending availability of FY2014 funds, on-site consultations should take place between May and July 2014. Consultations typically last between 8 and 16 hours (up to two days), depending on need and readiness to address evaluation issues.

#### Who should attend the on-site consultations?

Programs are responsible for identifying approximately five representatives to participate in the on-site consultations. We recommend that they include those who developed the program, who are responsible for implementing the program, and who are responsible for evaluating the program. Other stakeholders may also be invited. Additionally, other evaluation TA providers or staff from SAMHSA's Tribal TTAC or the CAPT may also participate by phone.

# How can programs prepare for the on-site consultation?

In addition to the materials submitted as part of their applications (which the evaluation TA providers will have in advance of the on-site consultation), program representatives should feel free to bring any other materials that they think would be helpful, such as a logic model, a description of the program's evaluation design, instruments (e.g., surveys, interview questions, focus group protocols), evaluation results, or evaluation reports. These materials can also be sent to the TA provider prior to the meeting.

# Will the consultation follow a set agenda?

Evaluation TA providers will work with program representatives before the on-site consultation to develop an agenda that will guide the meeting discussion, which typically focuses on:

- The purpose of the Native American Service to Science initiative and the on-site consultation
- Different paths for obtaining evidence-based recognition
- · Program rationale
- Program implementation
- Program's evaluation strengths and gaps
- Strategies for meeting those gaps
- Action plan for implementing evaluation strategies

# After the On-site Consultation

#### What TA is available after the on-site consultations?

After the on-site consultations, programs will receive up to 30 hours of follow-up TA, pending availability of funds. During the on-site consultations, programs will work with their TA providers to develop an action plan that will guide the follow-up TA they will receive. Follow-up TA is a key element of the Native American Service to Science process and is meant to continue the learning community experience after the on-site consultations. Therefore, programs are encouraged to take advantage of the follow-up TA offered to them. Pending availability of FY2014 funds, programs can access this TA following the on-site consultation and until October 2014.

# What do programs need to do to receive follow-up TA?

To receive follow-up TA, programs can contact their assigned TA providers directly. If program representatives have any questions or concerns about follow-up TA, they may contact staff from SAMHSA's Tribal TTAC or the CAPT (see contact information below). In addition, TA providers will contact their assigned programs at regular intervals to assess program progress on or desire to address items in their action plans.

# What type of help does Service to Science provide?

Through follow-up TA, programs receive various types of assistance from their assigned TA providers to meet each program's specific needs. Examples of topic areas for TA include:

- Developing culturally meaningful measures to document program effectiveness
- Documenting outcomes of strengths-based approaches
- Developing logic models that link program goals and objectives to outcomes
- Designing mixed-method data collection procedures
- Identifying, developing, and adapting appropriate evaluation measures and instruments
- Applying procedures to protect the rights of evaluation participants
- Conducting qualitative and quantitative data analyses
- Hire and working with an evaluator
- Exploring issues of innovation, adaptation, and fidelity
- Understanding criteria for inclusion in SAMHSA's NREPP

#### What type of help does Service to Science not provide?

Although TA providers are prepared to help with program evaluation, they cannot actually conduct program evaluations or prepare materials as part of the evaluation process. For example, they do not collect program data, summarize evaluation results, or prepare evaluation reports. They *are able* to review and comment on materials, instruments, or reports.

#### Will the results of TA be reported to anyone?

TA providers report on the types of follow-up TA they provide to their assigned programs. In addition, SAMHSA's CAPT evaluators will contact program participants approximately 15 months after selection into Service to Science requesting information about the progress of their evaluation capacity-building efforts. However, SAMHSA *will not* ask for participant data collected as part of evaluation efforts.

# **Contact Information**

If you have any questions about the 2014 Native American Service to Science initiative, please contact either of the following individuals:

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Assistance Center (Tribal TTAC)

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